PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 16 AM 10:45
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119224

1. Corporation Name

CALL TV CENTER,CORP.

REINSTATEMENT 04-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
5757 Collins Ave		5757 Collins Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Apt. 1503		Apt. 1503	
City & State		City & State	
Miami Beach, FL		Miami Beach, FL	
Zip	Country	Zip	Country
33140	US	33140	US

4. Date Incorporated or Qualified To Do Business in Florida: 11/06/2002

5. FEI Number: 061662382 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ariel O. Fernandez

Street Address (P.O. Box Number is Not Acceptable): 5757 Collins Ave

Suite, Apt. #, Etc.: Apt. 1503

City: Miami Beach | State: FL | Zip Code: 33140

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: July 12/2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Albertino E. Ramos	6039 Collins Ave. Apt. 914	Miami Beach,FL 33140
VS	Ariel O. Fernandez	5757 Collins Ave.Apt.1503	Miami Beach,FL 33140

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07/24/07 01023 021 **1200.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ ALBERTINO E. RAMOS July 12/2007 305-871-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President — Date — Daytime Phone #

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